



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Making Scotland an ACE-aware nation

Citation for published version:

Davidson, E, Critchley-Morris, A & Wright, L 2020, 'Making Scotland an ACE-aware nation', *Scottish Affairs*, vol. 29, no. 4, pp. 451-455. <https://doi.org/10.3366/scot.2020.0336>

Digital Object Identifier (DOI):

[10.3366/scot.2020.0336](https://doi.org/10.3366/scot.2020.0336)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Scottish Affairs

Publisher Rights Statement:

This article has been accepted for publication by Edinburgh University Press in the journal *Scottish Affairs*, and can be accessed at <https://www.euppublishing.com/loi/scot>.

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



Introduction: Making Scotland an ACE-aware nation

Emma Davidson, Ariane Critchley, Laura H.V. Wright

Adverse Childhood Experiences – otherwise known as ACEs - are described as stressful events occurring in childhood that can have significant and long-term consequences on health and social outcomes. The impact of the original ACE study by Felitti and colleagues (1998), and the many papers generated, support a growing public health movement which ascribes social problems to an individual's biology, early brain development and genetic variants. This movement has gained momentum internationally, popularised through prevention, early intervention and resilience-informed policy projects. ACEs have, in recent years, gathered attention in Scotland, with prevention and early intervention assuming a critical role in public policy. A Scottish ACEs Hub was established in NHS Health Scotland; a full-time government post was created to lead the ACE agenda; and several reports have been published which set out a public health approach to childhood adversity.

The speed at which ACEs have been adopted by policy makers in Scotland has prompted scholars to take a critical lens to the concept and practical application of ACEs; a body of work which this Special Issue is part. The antecedent to the collection was 'Making Scotland an ACE-aware Nation' (<https://blogs.ed.ac.uk/CRFRresilience>), a series of blogs, seminars, and a workshop exploring why ACEs and associated interventions have proved so popular in the Scottish context. Just as in this Special Issue, the preceding collection sought to showcase perspectives from practice, policy and academia. Our lively discussions often found divergence over how best to define Adverse Childhood Experiences, and frequent conceptual slippage between ACEs and other approaches, such as trauma-informed or relational-practice. We observed the multiple ways in which ACEs policy was translated into practice. ACE-informed practice was rejected, navigated and adapted across different contexts and settings.

Part of the conceptual discord came from the fact that national policy was evolving alongside an active campaign by 'ACE-Aware Scotland'. Self-described as a 'grassroots' movement, it set out to make Scotland the first 'ACE-informed nation'. The country was, it suggested, in the midst of a 'cultural revolution', a claim spearheaded by hugely popular conferences and a national awareness raising tour. While it is important to distinguish these activities from the government response to ACEs, Gary Walsh's contribution to this issue suggests that policy entrepreneurialism has played a central role in the promotion and uptake of the ACE-model. This, he argues, has resulted in an 'unwavering' commitment to ACEs which fails to acknowledge the socio-economic and political underpinnings of childhood trauma. Indeed, the individualising rhetoric of the ACEs campaign has been at the centre of ACE-critical work. While Scottish Government policy (Independent Advisor on Poverty and Inequality, 2016) and Public Health Scotland (2020) have attempted to expand the dialogue, a large proportion of ACE-research, policy, and practice fails to take deprivation or social marginalisation into account. Morag Treanor's article uses the case of free school meals to explore how poverty and ACEs can become conflated and, in turn, how this can prevent children's access to support and legal entitlements. Like Walsh, Treanor emphasises the political processes underpinning decision making. Poverty and inequality, she concludes, are more pervasive than ACEs, yet often misunderstood or ignored by the structures that cause them.

Schools can play an important role in responding to ACEs and as Karen Goodall, Hannah Robertson and Matthias Schwannauer's contribution notes, many are adopting ACEs-aware or trauma-aware practices. There have been limited attempts at robust evaluation of these approaches. Despite this, they conclude that the ACEs movement has been instrumental in providing a common language with which to begin discussions around how schools can improve outcomes for children and young people. Emma Easton's paper reflects on the first-hand experiences of working with children who have experienced adversity within

Spartan's alternative school. Their practice has deliberately avoided what they see as an individualist, score-based 'ACE-approach'. The School has, however, fully embraced the policy move towards relationality, trauma informed practice and social ecological resilience-building with hugely positive results.

What Easton's work shows is the importance of working with, and for, young people. Davidson and Wright continue this theme by drawing attention to children's rights and what they consider to be a conceptual gap in ACE-policy. Despite identifying limited examples of children and young people consulted on ACE-policy, no effort to actively engage children and young people on how they define, understand and experience ACEs was found. Further gains, they conclude, can be made by aligning adversity more directly within a child rights-based approach.

This Special Issue also gives recognition to the concern that in comparison to children, traumatised adults have been neglected in policy on ACEs. Sarah Nelson's important work draws on decades of expertise to consider childhood sexual abuse (CSA) which despite being clearly identified as an ACE in the original ACE study, once again risks being officially named, or openly addressed. Through this silencing, the needs and rights both of children and of adult survivors' risk being ignored and denied. In response, Nelson poses a series of questions about how physical and mental health services are responding to, and can best integrate, the needs of CSA survivors into current Scottish ACEs policy.

The failure to concentrate on the needs of adults can result in ACE-policy placing too heavy an emphasis on early intervention into family life. Ariane Critchley's work considers the problematic application of 'the first three years' model to social work assessment of risk to unborn babies, wherein the womb itself becomes conceptualised as an environment that must be free of the stress. Relating to Treanor's work, the stress in the women's lives was intimately connected to poverty and the interaction of structural factors with personal, early adversity. Nonetheless, practitioner responses appeared blunted, rather than enhanced, by engagement with neuroscientific findings of the impact of 'toxic stress'.

Bringing the valuable perspective of a clinician working with adults experiencing significant challenges and distress, Adam Burley considers how the developing awareness of the consequences of childhood adversity has influenced practice in this setting. For Burley, increased understanding of adversity can meaningfully enhance how services respond to people experiencing multiple exclusion. From his frontline experience, the research and literature on ACEs can be a critical route map away from a model of mental health that focuses predominantly on the individual as the sole source of interest. In this regard, Trevor Spratt and colleagues (2019) have conceptualised ACE research as a critical bridge between professions, supporting a shared understanding of how early life can impact on later social, health and economic life outcomes.

A further example of ACEs in practice is provided by Suzanne Mooney, Lisa Bunting and Stephen Coulter and the 'Family Life Stories' practice workbook. Like Burley, they recognise that there are risks to an ACE-approach – an over-attention to deficits; knowledge of parental adversity used to predict poor parenting; and insufficient attention to poverty. These, they argue, can perpetuate the tendency for structural inequalities to remain invisible in professional practice. However, the Family Life Stories' approach is an example of how child welfare practitioners can use an ACE-informed approach to promote sensitive relationship-based practice within a social justice framework. This work, although still being developed, is helping to change the dialogue on how ACEs research can assist ethical relationship-based practice 'on the ground'.

The tension at the heart of the special issue, and of the blog and seminar series, has been the push-pull of practice and academic debates on ACEs. Their usefulness in communicating across and within disciplines is tested here against critiques of what is written about their apparently simple account of complex human

adversity. Our contributors ask valid questions about how and why ACEs have been so swiftly and confidently operationalised within policy-making. Yet they have also been embraced in practice with very mixed results. However, policy and research representation of ACEs and adversity is not necessary how it is experienced, translated and operationalised. Significant policy and legislative commitments to children and to adult survivors need to be tightly woven into the policy and practice agenda in Scotland; children's rights, childhood sexual and mental health being highly pertinent examples. This collection points towards the lack of research into how ACEs research, and ACEs-informed policy and guidance, is actually operationalised in practice. What does that translation look like in both adult and child-focused settings? How do those of us on the receiving end of ACEs-informed services experience this? These and more nuanced questions still, for the most part, remain to be answered in Scotland.

References

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. and Marks, J. S. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study', *American Journal of Preventive Medicine*, 14, 4, 245–58.

Spratt T., Devaney, J. and Frederick J. (2019), 'Adverse Childhood Experiences: Beyond Signs of Safety; Reimagining the Organisation and Practice of Social Work with Children and Families', *British Journal of Social Work*, 49:8, pp. 1–17.

Independent Advisor on Poverty and Inequality (2016), *Shifting the Curve: A Report to the First Minister*, Edinburgh: Scottish Government.

Public Health Scotland (2020), *Ending childhood adversity: A public health approach*, Edinburgh: Public Health Scotland.